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FEATURES OF ACUTE AND CHRONIC CYSTITIS

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Acute cystitis is an uncomplicated infectious and inflammatory process. Complicated cystitis occurs in pregnant women, patients with any changes (functional or anatomical) in the lower urinary tract, diabetes mellitus, chronic kidney disease, etc. This pathological process can be recurrent. But it is considered as such only in the case of three recurrence of episodes of acute cystitis per year, or two in the last 6 months.

In the USA every year 7 million calls for urinary tract infections, with 10% of applicants suffering from chronic cystitis. In Russia the prevalence of acute cystitis is 26-36 million cases per year.

The clinical manifestations of acute cystitis include pain in the lower abdomen, pain and burning during urination, pollakiuria, nocturia, hematuria, pyuria. However, one should take into account the fact that urination disorders (dysuria) can be caused by a variety of pathologies.

The main risk factor for the development of pathology is relatively a small distance of the perineum, as a result of which there will be colonization of the vaginal vestibule with uropathogenic strains of intestinal microflora and subsequent ascending infection with MP. To others the most common factors include a decrease in the number of vaginal lactobacilli, hypothermia, violation of personal hygiene, etc.

E. coli is believed to be the main causative agent of acute urinary tract infections, however there are studies showing a decrease in the role of this microorganism in the development of urinary tract infections. This is evidenced by the following figures: since 2009 years to 2013, the increase in the share of *E. Coli* in the structure of the incidence of urinary tract infections was steadily 2 up from 28.1% to 49.4%, but in 2011 there was a sharp decline to 33.5%. The hospital also saw a growth trend, but since 2012 it has sharply fallen down and for 7 thousand strains of uropathogens, *E. Coli* did not account for 1/5 part.

Moving on to chronic cystitis, you need to start with some statistical data having the following meanings: during life acute cystitis is tolerated by 20-25% of women and in 10% it becomes chronic form, the peak of morbidity is observed during the period of increased sexual activity (20-30 years) and in the postmenopausal period (older 50 years). Up to 40% of all cases occur in women of working age and 50% of them are violated, or the opportunity to work is lost.

The main etiological factor is still considered bacterial invasion. However, in addition to it, in the development of the disease play the role of many factors. For example, transferred in childhood infections, functional and anatomical disorders of the lower urinary tract organs, a large number of sexual partners, poor personal hygiene, postmenopausal period. The basis of pathogenesis in long-term recurrent chronic cystitis is a violation of the barrier function bladder, because, as some studies show, the loss glycosaminoglycan layer that covers the surface level umbrella cells of the urothelium and provides for the most part a barrier MP function, can be the first step towards the development of a chronic process inflammation.

Clinical manifestations are described as follows: persistent dysuria, disorders of microcirculation, morphology and urodynamics, increase in various biologically active substances in the urine, affecting MP triangle receptors. All this only supports persistent inflammatory processes in the wall of the organ.

Thus, it can be said that the majority of women are at risk for this disease due to anatomical characteristics, which should indicate the need for preventive measures, starting from childhood.